



**SULLIVAN COUNTY, NH
LEAD HAZARD CONTROL AND
HEALTHY HOMES PROGRAM**

CONTRACTOR PRE-QUALIFICATION FORM

The following information will be used to pre-qualify contractors to bid on projects. Eligible contractors will be added to a contractor list used by the program and given property owners. Property owners, assisted by the program, will use this list to choose contractors to bid on their job. Please fill out as completely as possible to assist with their selection.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: () _____ Fax Phone No.: () _____

Number of Years in Business: _____ Specialty: _____

Contact Name: _____

Title: _____

Cell Phone No.: () _____ Email Address: _____

Please list all licenses and license numbers the company and/or employees hold(s.) Attach additional sheets as necessary. Copies of licenses shall be made available upon request:

License: _____ License No.: _____

License: _____ License No.: _____

License: _____ License No.: _____

License: _____ License No.: _____

Please provide three vendor references and three customer references:

Business Name: _____ Phone No.: () _____

Business Name: _____ Phone No.: () _____

Business Name: _____ Phone No.: () _____

Customer Name: _____ Phone No.: () _____

Address: _____ Amount: \$ _____

Customer Name: _____ Phone No.: () _____

Address: _____ Amount: \$ _____

Customer Name: _____ Phone No.: () _____

Address: _____ Amount: \$ _____

Please provide the following insurance information. Copies of insurance certificates shall be made available upon request:

	Policy Number	Amount	Expiration Date
Worker's Comp.			
General Liability			
Vehicle			

Please list any pending claims against your company: _____

Please provide a statement summarizing your company's qualifications for working on projects funded through Sullivan County's Lead Hazard Control and Healthy Homes Program. Also, please provide any additional information about your company: _____

Please provide current jobs you are working on now or have scheduled to start in the next thirty days and the dollar value of these jobs:

I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the Sullivan County's Lead Hazard Control and Healthy Homes Program to verify the information supplied on this form. I understand that if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, property owner, or other parties are found to be unsatisfactory, Sullivan County Lead Hazard Control and Healthy Homes Program may remove the company name from the list of selected contractors without notice.

Company Representative's Signature

Date